

IFW



CASE LD0318 NP

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Debra A. Wojcik  
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*Debra A. Wojcik*  
Signature

May 28, 2004  
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

CARBONI ET AL.

APPLICATION NO: 10/676,214

FILED: OCTOBER 1, 2003

FOR: SYNERGISTIC METHODS AND COMPOSITIONS FOR TREATING CANCER

Mail Stop **Box Amendment**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

These references were cited in a search report in a corresponding PCT International application. Copies of these references and the search report are enclosed herewith.

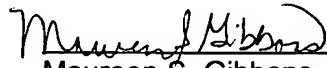
The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Certificate under 37 C.F.R. §1.97(e)(1)

I, the undersigned attorney, hereby certify that each item of information contained in this Information Disclosure Statement was first cited in a communication from a foreign patent office in a counterpart foreign application not more than thirty days to the filing of this Statement.

Respectfully submitted,

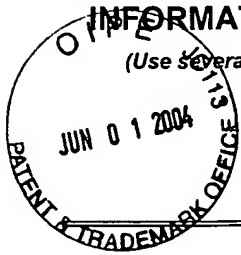
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FORM PTO-1449  
(REV. 7-85)U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.  
LD0318 NP  
APPLICATION NO.  
10/676,214  
APPLICANT  
CARBONI ET AL.  
FILING DATE  
OCTOBER 1, 2003

Group

**INFORMATION DISCLOSURE CITATION**

(Use several sheets if necessary)

**U.S. PATENT APPLICATION PUBLICATIONS**

EXAMINER INITIAL		U.S. APPLICATION DOCUMENT	DATE OF PUBLICATION	NAME	CLASS	SUBCLASS	FILING DATE
	AA	2004/0001833 A1	1/1/04	Agus			
	AB						

**U.S. PATENT DOCUMENTS**

	AC						
	AD						
	AE						
	AF						
	AG						
	AH						

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AI	EP 0 385 850 A2	2/27/90	EP			<input type="checkbox"/>	<input type="checkbox"/>
	AJ						<input type="checkbox"/>	<input type="checkbox"/>
	AK						<input type="checkbox"/>	<input type="checkbox"/>
	AL						<input type="checkbox"/>	<input type="checkbox"/>
	AM						<input type="checkbox"/>	<input type="checkbox"/>

**OTHER DOCUMENTS** (Including Author, Title, Date, Pertinent pages, Etc.)

	AN	
	AO	
	AP	

**EXAMINER****DATE CONSIDERED**

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.